

Commonwealth of Pennsylvania - Campaign Finance Report

The state of the s	e: This report mu				<u> </u>	
Filer Identification Number	Report Filed (Mark X)	By Candida	ite	Committee	2	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		ANCY	A60:	STIN		.l
Street Address	8	3241 0	CURTIS	NA.		
City ERIE		State	PA	Zip Code	16500	7
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day F Pre-Primary Pre-Primary Primary	Post 4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) ///	/ Year 27/2017		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Dat	-23-17		For	Office Use Only	
A. Amount Brought Forward From Last Re	port S	46.01				
B. Total Monetary Contributions and Rece (From Schedule I)	ipts S	00.00			* -	2017 0CT 2
C. Total Funds Available (Sum of Lines A and B)	\$ 9	53.99	İ		E	7 <u>5</u> 3
D. Total Expenditures	\$,	01.00			ř	01 27
(From Schedule III) E. Ending Cash Balance	S 2	7/.5/				ō c -
(Subtract Line D from Line C)	7	162.42			Nerr Bree Bree Gris	7 7
F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations		50.00			ے د ت	PK 12: 20
(From Schedule IV)	\$	0				00/4
Part 1- If this is a Committee report, treasurer sign	gn here. If this is a Ca r	Affidavit Sec ndidate report, ca	indidate sign here.			
I swear (or affirm) that this report, including the	attached schedules or	n paper, is to the	best of my knowled	lge and belief to	rue, correct and comple	to/
Sworn to and subscribed before me this 27th days 10ctober 22 17	4.	J	/ lana	1/1	(In A	
217th day of October 20 17 Michelle Nesselhuf	 	<u></u>	Signature	of Person Subm	hitting report INE	
Signature My Commission expires April 16 20		(21U	Printed Nam	e / 00 - 21	ー 1 フ
COMMONWEALTH OF PENNSYLVANIA	YR.	A	8 / 7 rea Code	Day	time Telephone Number	r er
NOTABIAL SEA: Part II- If this partagore of escapidante's Authori	ze Committee, cand	lidate shall sign he	ere.		•	
swear (or affirm) was any payment of my knowled mended. SUMMIT TWP, ERIE COUNTY My Commission Expires Apr 16, 2018	lg and belief this pol	itical committee h	nas not violated any	y provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworm to and subscribed before me this	_					
day of20	— ` .	_	Sign	nature of Candid	iate	_
Signature		_		Printed Name		_
My Commission expires		_				
MO. DAY YR	,	Ar	rea Code	Dayt	ime Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	1 - 1	
	\$	\bigcirc
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	5	
All Other Contributions (Part B)	\$	100 00
Total for the reporting period (2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)		700.00
Contributions Received from Political Committees (Part C)	\$	1000.00
All Other Contributions (Part D)	\$, , , , , , ,
Total for the reporting period (3)	\$	1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	illiki Pesity	
Total for the reporting period (4)	\$	Ò
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1100.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification N	umber				
					1
					Amount
Full Name of Contr	ributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
118430 11	Sel Contract			Date Italial on Line	•
		·			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr	ibuting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				Date [IAMAN DD] 1 1 1 1	\$
<u> </u>	The state of the state of				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Service .				·	
Full Name of Contri	ibuting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	.,		n - Inserting hoped	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				···	
Full Name of Contri	ibuting	<u></u>		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
25.5 (m)				mere framed word ?	· •
##- 1 T					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri	ibuting			Date [MM/DD/YYYY]	\$
Committee					
House #			· · · · · · · · · · · · · · · · · · ·		
	Street Address			Date [MM/DD/YYYY]	\$
					g+
City	<u>-</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri	buting			Date [MM/DD/YYYY]	\$
Committee	-				·
House #	Street Address			Date [MM/DD/YYYY]	\$
	Jei 600 , 1861 622			Date Intial DOLLER	٦
			·	į	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				i	l P

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of C	Contributor ,			The feature Inn bonnot I A	
		Ellia)	THERAHY	Date [MM/DD/YYYY] \$. 00
House #	Street Addre	~CV//V ~	-NOKA ///	10/13/2017	100.00
	905 Street Addres	140016	INGRAHMY YSUCKLE DRI	Date [MM/DD/YYYY] \$	
City		State	72 0 1		
	ERIL	June	A Zip Code	509 Date [MM/DD/YYYY] \$	
Full Name of C		Sant September 1	// Bassassa 100	7	•
				Date [MM/DD/YYYY] \$	
House#	Street Addres			Date [MM/DD/YYYY] \$	·
WAS TO SELECT	Carlo State Carlo			Date [MM/DD/YYYY] \$	
City	West Control of the Control	State	Zip Code	Data TRANS/DD/VVVVI (6)	
	 -	8.8		Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	Pagentage 8 - F	FASOE FRANCES CONTROLLER OF	Date [MM/DD/YYYY] S	
House #	Street Addres	-ce		Date (MM/DD/YYYY) \$	
City	The firm graphing and program and pro-	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	And the second of the second	高温度(24.48-48-48-28-48-28-48-28-48-48-48-48-48-48-48-48-48-48-48-48-48	Date [MM/DD/YYYY] \$	
				The The Table 1997 of the second server of the seco	
House #	Street Address	şs		Date [MM/DD/YYYY] \$	
1. opt. 1.					
City	Transfer de la constante de la	State	Zip Code	Date [MM/DD/YYYY] \$	
		100 May 100 Ma 100 May 100 Ma		**************************************	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
				77.7 77.7 17.5 17.5 17.5 17.5 17.5 17.5	
House #	Street Address	S d		Date [MM/DD/YYYY] \$	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co					
ruii Name oi 66,	Mributor			Date [MM/DD/YYYY] \$	
House #		77			
Mouse #	Street Address	á		Date [MM/DD/YYYY] \$	
City		<u> </u>		100m 2400	
-Ity		State	Zip Code	Date [MM/DD/YYYY] \$	
		15 Apr. 15 Apr.			

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

	Number -						
Full Name of Contributing Co	mmittee C 0 111	٠. اسس		MARK	Date [MM/DD/YYYY]] \$	
House #	Street Address	1,7/EE 7	O ELECT	WELKA	10/06/201		500.00
101	160 Street Address	TIGER	Liy 6	MARK WELKA ANE	Date [MM/DD/YYYY]	i s	
City	ATERFORD	State	7 A Zip Code	16441	Date [MM/DD/YYYY]	l \$	-
Full Name of Contributing Cor	mmittee	ores Tal	C. C. VE	ESSICA PRAN-KUNU	Date [MM/DD/YYYY]		500 00
House # 43	Street Address	NECT	ARION	-701/	Date [MM/DIP/YYYY]	/ <u>7</u> \$	500.
City	ERIE	State P	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	Test (Mess via second 1 1 1	State	Zip Code	y	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee		<u> </u>	:	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	_ \$	
City	EST TO ANY A STATE OF A	State	. Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	nmittée			2	Date [MM/DD/YYYY]	\$	
House #	Street Address			6	Date [MM/DD/YYYY]	\$	
City	(这句话》"当时中都完全活在4000	State	Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	mittéé		1 100 100 100 100 100 100 100 100 100 1	8	Date [MM/DD/YYYY]	\$	
House #	Street Address			3	Date [MM/DD/YYYY]	\$	
City	STOTELESPING CHERN HERBELL	State	Zip Code		Date [MM/DD/YYYY]	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Full Name of Contributor		Date [MM/DD/YYYY] \$
		に対しています。 現代 が発生
House # Street A	ddress	Date [MM/DD/YYYY] . \$
City	State Zip Code	Date [MM/DD/YYYY] \$
mployer Name		Occupation 3
mployer Mailing Address / rincipal Place of Business		
ull Name of Contributor		Date [MM/DD/YYYY] \$
louse# Street A	ddress	Date [MM/DD/YYYY] \$
ity	State Zip Code	Date [MM/DD/YYYY] \$
mployer Name		Occupation /
mployer Mailing Address / Principal Place of Business	1966 V	Processors serving
ull Name of Contributor		Date [MM/DD/YYYY] \$
louse # Street A	ddress	Date [MM/DD/YYYY] \$
ity	State Zip Code	Date [MM/DD/YYYY] \$
mployer Name		Occupation
mployer Mailing Address / rincipal Place of Business		The same of the sa
II Name of Contributor	reactives of	Date [MM/DD/YYYY] \$
	ddraed	Date [MM/DD/YYYY] \$
Ouse # Street A	uu = = = = = = = = = = = = = = = = = =	
	State Zip Code	Date [MM/DD/YYYY] \$
ouse # Street A. ity mployer Name		是这一

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

rier identification Num	iner:			
en e	#22 , 18 M	······································		
Full Name		·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> [7]</u>	k 6 1 Mgm (1940) Sent (
Full Name				
House #	Street Address		· /v	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			新來聖養公司	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		18-mail (mil.)		
Full Name			<u> </u>	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Process 2006 8	ad Secretaria ad	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

APPLACE AND ARCHITECTURE		MELD SOMMANT PAGE	
Filer Identification Number;			
1. UNITEMIZED IN-KIND CONTRIB	UTIONS RECEIVED-VA	LUE OF \$50:00 OR LESS PER CONTI	RIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	150.00
3. IN-KIND CONTRIBUTION RECEIVE	/ED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	IS DURING THIS REPO m boxes 1, 2, and 3; a	RTING \$	150.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	NAA	REN M	ESSECHAUF	10/23/2017 150.00
nouse #	Street Address	HAM	or ROAD	Date [MM/DD/YYYY] \$
City	ERIE	State	A Zip Code	Date [MM/DD/YYYY] \$ 150.00 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ ON OLIVER RO. FOR D WEEK Date [MM/DD/YYYY] \$
Description of Co	ontribution	USI	E OF SIGN	ON Chines RA COD 3 11564
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address		•	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			
uil Name of Con	tributor	····1		Date [MM/DD/YYYY] \$
fouse #	Street Address			Date [MM/DD/YYYY] \$
iv.		State	Zip Code	Date [MM/DD/YYYY] \$
escription of Cor				P. W. S.
ull Name of Cont	ributor			Date [MM/DD/YYYY] \$
ouse#	Street Address			Date [MM/DD/YYYY] \$
ty .		State	Zip Code	Date [MM/DD/YYYY] \$
escription of Con			Access and access to the	
ill Name of Contr	ibutor	-		Date [MM/DD/YYYY] , \$
ouse#	Street Address			Date [MM/DD/YYYY] \$
y	1-4-4-4-38-3-2-4-4-7-38-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	State	Zip Code	Date [MM/DD/YYYY] \$
scription of Cont	ribution	(2015年14年14月)	Tomore seemone	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

Full Name of (Contributor		Date [MM/DD/YYYY]
			Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY]
			Date [MM/DD/YYYY] \$
City	Fig. 4 Sept 2 Sept 2, Quantity 2,	State Zip Code	Date [MM/DD/YYYY] .S.
			Date [MM/DD/YYYY]
Employer Nam	ie , , , , , , , , , , , , , , , , , , ,		Occupation
Employer Mail	ing Address / Principal		
Place of Busine	?\$\$		Description of
Full Name of C	ontributor	da ment	Contribution
1467 EW770 12 EW977	(1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City		long a Maria and Taranta	
		State Zip Code	Date [MM/DD/YYYY] \$
mployer Name			Occupation
mployer Mailii	ng Address / Principal		
lace of Busines	5 S		Description of
ull Name of Co	ntributor		Contribution
		O.	Date [MM/DD/YYYY] \$
ouse #	Street Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
Cany			
ty 🦿	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	State Zip Code	Date [MM/DD/YYYY] \$
nployer Name			Occupation
nployer Mailin	g Address / Principal		Description
ace of Business			of
Name of Con	tributor		Contribution
and the second s			Date [MM/DD/YYYY] \$
use #	Street Address		Date [MM/DD/YYYY] \$
			Date [MM/DD/YYYY] \$
y	1 St. 3750 St. 425 V. 10 S. 20	State Zip Code	Date [MM/DD/YYYY] \$
			Date [MM/DD/YYYY] \$
ployer Name			Occupation
ployer Mailing	Address / Principal		Description
ce of Business			of
	化分类物物 医光线性 化双流反射 建铁矿矿	्ते ।	Contribution

Statement of Expenditures

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			and the second s	
Files				
Filer Identification Number:				
Bana Catta Ca				
[1982년 1월 14년 시간 전기 등에 집 1984년 1월 1일 전 1일 전 1일 시간 기가 기가 있다. [1]				
Takuntata da kara kara basa basa basa basa basa basa basa b				
[4] S. Middell, A. S. Miller, Phys. Lett. B 50, 100 (1997); S. M. Miller, Phys. Lett. B 50, 100 (1997).				
TO CONTRACT TO SERVE AND THE S				

To Whom Paid	Δ.			Date [MM/DD/YYYY] \$	
	DOLLA	R / REE	STORES E DRIVE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.50
House # /9/4	Street Address	KEYSTON	E DRIVE	Description of Expenditure	
City	ERIE	State PA	Zip Code /6509	PROMO AT RESID	ENT DAYS
To Whom Paid	0.4	~ \		Date [MM/DD/YYYY] \$	
	MAK	E STICK	LERS	Og/27/2017 Description of Expenditure	122.93
House #	Street Address	[INTERNE		Description of Expenditure	
City		State	Zíp Code	RE-ELECT S	STICKERS
To Whom Paid	11.		(0/0		
	MIGHWA	Y PRAFFIC S	SUPPLY (AMAZON)	09/28/2017 Description of Expenditure	42.14
House #	Street Address	(INTERN.	SUPPLY (C/O ET)	Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		- Commence	[1	Date [MM/DD/YYYY] \$	
				0.5% 0.5% 1.5%	
House #	Street Address			Description of Expenditure	
City	Jude of the second second	State	Zip Code	- 17 L 19 19 19 19 19 19 19 19 19 19 19 19 19	
To Whom Paid		The second second	Sect. 1, 12, 20, 20, 20, 12	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	The Property of the Section of the S	State	Zip Code	e die deutsche der Artika jagen geweiter der der Artika von der geb	
To Whom Paid		Terror terroger (Line Committee of E	Date [MM/DD/YYYY] \$	
	The end of the standard of		·		
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
					STOCKET REPORTANT REAL PORTER CONTRACTOR REAL PROPERTY.
City		State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credi	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zip
Description of	Debt	Code
Name of Credit		
House #	See See See See See	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip
Description of D	Debt	Code
Name of Credito	or.	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
Jity		State Zip
Description of D	ebt	Code
Name of Credito)	
louse #	Street Address	Outstanding Balance of Debt DATE DEBT INCURRED \$
		DATE DEBT INCURRED \$ [MM/DD/YYYY]
ity.		State Zip
escription of De	ebt .	Code
ame of Creditor		Outstanding Balance of Debt
ouse#	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
ty		State Zip
escription of De	lbt .	Code
me of Creditor		Outstanding Balance of Debt
ouse #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
y n ddiaeth ac an ar ac an ar ac an ar ac an ac		State Zip
Section Area (Area)		100 1 Mar 1 1 Mar 201 Co. 1 1 Mar 201